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FEC FORM 1	STATEMENT OF ORGANIZATION					Office Use Only				
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	e Example over the	e:If typing, type lines.	12FE4N					
Adam Smi	th for (	Congress Co	mmittee	1 1 1 1 1				, , , <u>,                              </u>		
ADDRESS (number a	nd street)	PO Box 23626								
(Check if ac	ddress									
is changed)		Federal Way			」	98093				
			CITY		STATE	;	ZIP CODE			
		S (Please provide only o	ne e-mail addres	s)		1 1 1 1		[		
(Check if address is changed)										
COMMITTEE'S WEB  (Check if is changed	address	RESS (URL) http://www.electadamsr	nith.com							
2. DATE 03	3 02	2012								
3. FEC IDENTIFIC	CATION NU	MBER C	C00304709							
4. IS THIS STATE	MENT	NEW (N) OF	R X	AMENDED (A)	)					
I certify that I have e	examined thi	s Statement and to the	best of my know	ledge and belie	ef it is true, corre	ect and comp	olete.			
Type or Print Name	of Treasurer	Philip Lloyd								
Signature of Treasure	Philip Li	loyd	[Eld	ectronically Filed	Date	03 0	D / Y	2012		
NOTE: Submission of		ous, or incomplete informa		-	-		ies of 2 U.S	3.C. §437g.		

	Office		ther information contact:	FEC FORM 1
L	Use Only	Toll Fre	I Election Commission ee 800-424-9530 202-694-1100	(Revised 02/2009)